

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS407AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/02/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE ELDERLY ARISTOCRAT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2380 MOHIGAN WAY LAS VEGAS, NV 89109</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 04/02/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility was licensed as a 6 bed Residential Group Facility for elderly and disabled persons, Category I residents. The census at the time of the survey was 3 residents. Three resident files were reviewed and 4 employee files were reviewed. One discharged resident file was reviewed.  The following deficiencies were identified:	Y 000		
Y 882 SS=D	449.2742(6)(c) Medication / change order  NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, the physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is	Y 882		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 882	<p>Continued From page 1</p> <p>ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744.</p> <p>This Regulation is not met as evidenced by: Based on record review on 04/02/09, the facility failed to ensure medication labels matched physician orders for Seroquel and Alprazolam for 1 of 3 residents (Residents #3).</p> <p>Severity: 2      Scope: 2</p>	Y 882			

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